EXHIBIT A

CERTIFICATION

The undersigned being duly sworn does depose and say:	

1.	That she/ne is the person in charge of the Health Information Department of Silver Hill Hospital, New Canaan, Connecticut.
2.	That the attached is a true copy of the record of I can or Behringer 5 pgs in said hospital.
3.	That said record was made in the regular course of the business of said hospital and that it was the regular course of such business to make such a record at the time of the transactions, occurrences, or events recorded therein or within a reasonable time thereafter.
	ane lingel
	Health Information Administrator
Dated	at New Canaan, Connecticut, this 23day of201

Case 1:08-cv-04899-JGK-THK Document 79-1 Filed 03/28/11 Page 3 of 13

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NAME: BEHRINGER, ELEANOR

MR#: 10-68-91

ACCT.#: 21642

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DISCHARGE SUMMARY

Page 1

Date of Admission: 5/2/93

Date of Discharge: 5/26/93

Admission Diagnoses:

Axis I	Major depression	296.23
	Alcohol dependence	303.90
	Rule out anxiolytic dependence	
Axis II	No diagnosis	V71.09
Axis III	Status post four seizures	
ėxis IV	Psychosocial stressors: moderate - 3	
Axis V	Current GAF: 40	

Discharge Diagnoses:

Axis I	Alcohol dependence	303.90
Axis II	No diagnosis	V71.09
Axis III	Status post four seizures	
	Hypothyroidism	244.90
Axis IV	Psychosocial stressors: moderate - 3	
Axis V	Current GAF: 55	
	Highest GAF past year: 60	

Reason For Admission: "If I don't take care of this now it will kill me."

Highest GAF past year: 60

<u>Hospital Course and Condition at the Time of Discharge</u>: This document includes information from Nursing, Social Work, and TA. Medical information as well as family involvement history are also included.

The patient was admitted to Main House, Service B. The problems addressed were as follows:

<u>Problem #1 - Depression, Passive Suicidal Ideation, History of Suicide, and Alcoholism in the Family:</u> The goal was improved concentration and energy, no suicidal ideation, and increased optimism.

We learned, shortly after intake, that the patient had an extremely elevated TSH. She was hypothyroid and this possibly explained her depression. She was seen by Dr.

NAME: BEHRINGER, ELEANOR

MR#: 10-68-91

ACCT.#: 21642

DISCHARGE SUMMARY

Page 2

Papaharis who placed her on Synthroid. Thyroid function tests improved and so did the patient's affect. She was no longer suicidal. She had brief bouts of tearfulness. Her concentration improved as well as her energy, and her optimism about the future increased markedly.

Problem #2 - Relapse After Eight Years of Sobriety Leading to Suspension of her Driver's License, Blackouts, Seizures, and an Overdose of Doxepin: The goal was safe detoxification.

This took place gradually because of the patient's history of seizures and was completed on 5/17/93. The patient did become somewhat more anxious after the discontinuation of the Valium which we had used as the detoxifying agent. We did this because we could never rule in or out a physical dependence on anxiolytics as well as alcohol since there were benzodiazepines in her urine on admission. We did it slowly also because of a history of seizures which Dr. Levine, a neurologist whom we spoke to on the phone and whom the patient had seen prior to admission, thought could either be due to withdrawal or Doxepin toxicity. The patient had been prescribed Doxepin in a previous hospitalization in California, and when she came into the hospital was on a toxic level of the drug.

The long-term goal was for the patient to learn better relapse-prevention techniques and demonstrate a willingness to apply them.

Mrs. Behringer had been abstinent from alcohol for eight years but had moved from the Bronx to Norwalk and did not pursue an AA network in Norwalk although her husband had done so. She also worked part-time in a country club in which liquor was being served constantly. She had intense cravings for alcohol. As her disposition improved, she developed an abhorrence of relapse and a resolve to pursue a support network here in Norwalk. She was seen in conjoint therapy with her husband on two occasions in which he outlined how grave a threat to his sobriety her drinking behavior was. He gave her an ultimatum about relapse, specifying that he would not be able to tolerate it if she drank again.

Problem #3 - Hypothyroidism: This was addressed in Problem #1.

Medications at Time of Discharge: Synthroid 0.1 mg p.o. qday at 8am, Robaxin 750 mg p.o. tid.

NAME: BEHRINGER, ELEANOR

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ACCT.#: 21642

DISCHARGE SUMMARY

Page 3

<u>Presence or Absence of Abnormal Movements</u>: At no time did the patient display any movements suggestive of tardive dyskinesia.

Physical Examination: Within normal limits with a resolving hematoma on the occipital region.

Consultations: The patient saw Dr. Papaharis on 5/5 because of abnormal thyroid function tests and because she had fallen on her left shoulder prior to auticular in the shoulder in the s was having pain. Dr. Papaharis's comments were, "Primary acromic clavicle injury," He prescribed Motrin and ice for improved range of motion. He also said that, since the TSH was 58 with an abnormal T4 and free T4 index, she had hypothyroidism and placed her on Synthroid 0.1 mg qday. She was seen by Dr. Schein because she still had pain in the left shoulder with lack of response to Motrin. She was prescribed a cervical collar and placed on Voltaren. She was seen by Dr. Papaharis on 5/24 to review her thyroid function tests. He said her thyroid function tests showed improvement, her free T4, her T4, and her T3 uptake were normal, and her TSH was 7.2. He advised continuing the Synthroid and repeating the thyroid function tests within one month. If they were not normal he would then increase the Synthroid. The patient was also sent for an MRI of her cervical spine because she did not respond to the change in anti-inflammatory medication and developed some numbness in her arms bilaterally. The report came back after she was discharged and suggested arthritis. A CT scan and x-ray plate of the cervical spine were recommended and I informed the patient of this.

Laboratory Data: EEG within normal limits, EKG showed sinus rhythm with a vertical axis. QRS was normal. T wave was flat in V3, 4, and 6, and was negative or diphasic in V5. Urine was positive only for benzodiazepines during the patient's stay. Thyroid function tests were abnormal as mentioned. Serum cholesterol was also 314 which was related to the patient's hypothyroidism. Her SGOT was 51. Her T4 was 3.3, her T3 uptake was 27.2 and her free T4 index was 0.9. On admission her TSH was 58. Her HDL was 45. Repeat thyroid function tests on 5/13/93 indicated a T4 of 5.9, T3 uptake of 32.2, free T4 index of 1.9 and a TSH of 14. On 5/20/93 the patient's T4 was 8.6, T3 uptake 32.6, free T4 index was 2.8 and her TSH was 7.2. On admission her doxepin level was 254 and the metabolite, desmethyldoxepin was 456 giving a total of 710 ng per ml. CBC was normal. VDRL was non-reactive. HCG was negative. Stools for occult blood were negative. Urinalysis was within normal limits.

Special Diet: Regular diet.

NAME: BEHRINGER, ELEANOR

MR#: 10-68-91

ACCT.#: 21642

DISCHARGE SUMMARY

Page 4

GAF Anticipated Six Months Post-Discharge and Rationale: 60 if the patient remains abstinent from alcohol.

Aftercare Plan: The patient left the hospital accompanied by her husband. She has plans to continue in outpatient therapy with Ray Messina, C.S.W. He had been her therapist for many years and she also participated in the support group that he ran. Therapy had been targeted to substance abuse.

Cerlotta L. Schuster, M.D. CLS/rt

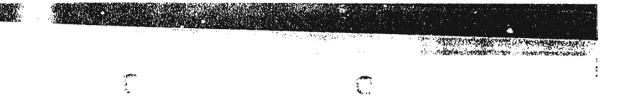
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NAME: B. F. RINGER, ELEANOR

MR#: 10-68-91

ACCT.#: 21642

DISCHA! SUMMARY

Page 1

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Date of Discharge: 5/26/93

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296.23 303.90

V71.09

Alcohol dependence

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Axis II Axis III

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No diagnosis

Status post four seizures

Axis IV

Psychosocial stressors: moderate - 3

Axis V

Current GAF: 40 Highest GAF past year: 60

Dischard: agnoses:

Axis I

Alcohol dependence

303.90

Axis II

No diagnosis Status post four seizures V71.09

Axis III

Hypothyroidism

244.90

Axis IV Axis V

Current GAF: 55

Highest GAF past year: 60

Admission: "If I don't take care of this now it will kill me."

Psychosocial stressors: moderate - 3

Hospital Course and Condition at the Time of Discharge: This document includes informatics from Nursing, Social Work, and TA. Medical information as well as family

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NAME: BY PRINGER, ELEANOR MR#: 10-68-91 ACCT.#: 21642

DISCHAI: SUMMARY Page 2

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<u>Problem #: hypothyroidism:</u> This was addressed in Problem #1.

Medication: Synthroid 0.1 mg p.o. qday at 8am, Robaxin 750 mg p.c

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NAME: BE ANGER, ELEANOR

MR#: 10-68-91

ACCY.#: 21642

DISCHAR JMMARY Page 3

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Special Diet:

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CLINICAL RECORD SILVER HILL HOSPITAL, INC. New Canaan, Connecticut 06840

NAME: BI HINGER, ELEANOR

MR#: 10-68-91

ACCT.#: 21642

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SUMMARY

Page 4

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GAF Antic And Six Months Post-Discharge and Rationale: 60 if the patient remains

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Aftercare ?

The patient left the hospital accompanied by her husband. She has

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Therapy his seen targeted to substance abuse.

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